

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047230

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 44 Primary Registration District No. 5148 Registrar's No. 34

FILED DEC 18 1963

VS 300  
Rev. 4/59

1 0130

2 0130

3 1

4 0

5 3

6

7 0

8 2

9 9/160

10 16

11 013

12 99-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |                                  |   |                                       |
|---|----------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Caldwell</u>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>                      |                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Lincoln Twp.</u>  |                                  | c. CITY OR TOWN <u>Cowgill</u>  |                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |                                  | d. STREET ADDRESS (If outside, give location)<br><u>1 1/2 miles S.E. Cowgill</u>  |                                       |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Edmond Melvin Adams</u>  |                                  | 4. DATE OF DEATH<br>Month Day Year<br><u>12 6 1963</u>  |                                       |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><u>11-10-1910</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm Owner</u>  |                                       |
| 11a. FATHER'S NAME<br><u>Edmond Adams</u>   |                                  | 11b. MOTHER'S MAIDEN NAME<br><u>Fannie Margaret Keithley</u>  |                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>yes War 2</u>   |                                  | 17. INFORMANT<br>Address<br><u>Harry Lee Adams, Cowgill, Missouri</u>   |                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Asphyxia + burning</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:<br>DUE TO (b) <u>97</u><br>DUE TO (c) <u>116</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  |   |                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                                  | 20a. ACCIDENT SUICIDE HOMICIDE<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                     |                                       |
| 20c. TIME OF INJURY<br>Hour <u>9:00</u> a.m. Month, Day, Year<br><u>12-6-63</u>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>OCCUPANT OF BURNED FARMHOUSE</u>                         |                                       |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>HOME</u>   |                                       |
| 20f. CITY, TOWN, OR LOCATION<br><u>1 1/2 MI SE. COWGILL</u>   |                                  | COUNTY <u>CALDWELL</u> STATE <u>MO.</u>   |                                       |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____.<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |   |                                       |
| 22a. SIGNATURE<br><u>H. F. Elder (Crown)</u>  |                                  | 22b. ADDRESS<br><u>Samilton, Mo.</u>  |                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>12-9-1963</u>   |                                       |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Salem Cemetery</u>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>Jackson County, Missouri</u>  |                                       |
| 24. FUNERAL DIRECTOR<br><u>Clark Funeral Home, Kingston, Mo</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>12-13-1963</u>   |                                       |
| 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Freda Zwiggart</u>   |                                  |   |                                       |

(Licensed Embelmer's Statement on Reverse Side)

JAN 14 1964

APR 15 1964

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.